



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 1140 brighton ave portland me 04102

CBL: 265b4

PROPERTY OWNER(S) NAME

OWNER NAME: john qian

Applicant Name: paul bissonnette

Mailing Address of Owner/Applicant po box 314 swansea mass 02777 (if Different)

E Mail:

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

paul Bissonnette

Digitally signed by paul bissonnette
DN: cn=paul bissonnette, o=maine plumbing & heating, ou=plumbing & heating, email=paul@bissonnette.com, c=US
Date: 2015.08.27 10:48:20 -0400

Signature of Owner/Applicant

Date

Town/City **PORTLAND**

Permit # _____

Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged

L.P.I. # **360**

Local Plumbing Inspector Signature _____

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

LPI Signature _____

Date Approved (Final) _____

PERMIT INFORMATION

This Application is for	Type of Structure to be Served	Plumbing to be Installed by:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>business</u>	NAME: paul bissonnette E Mail: biss.plum.hunt@gmail.com 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>05561</u>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	1 Hosebib / Sillcock	Bathtub (and Shower)
	Floor Drain	Shower (separate)
	Urinal	3 Sink
	1 Drinking Fountain	1 Wash Basin
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	1 Indirect Waste	1 Water Closet (Toilet)
	Water Treatment Softener, Filter, Etc.	Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
	Bidet	Laundry Tub
	Other: _____	Water Heater
	Fixtures (Subtotal) Column 2	7 Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	Fixture Fee Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		70 PERMIT FEE (TOTAL)